## MULTIPLE DE SENT CLAIM FEE CALCULION SHEET

(FOR USE WITH FORM PTO-875)

5464 FILING DATE APPLICANT(S)

AFTER 2 MAMENDMENT IND. DEP.

**CLAIMS** 

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT				AS F	ILED	AF 1"AME	TER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	+	
2				ļ			1 .	51				JUL.	+	
3		<del>       </del>						52					1	
4				<del>                                     </del>		<del> </del>		53					1	
5						<del></del>	1.	54	·				I	
6	• •		-				1	55 56	<u> </u>					
7							1	57				ļ	1	
8							1	58				ļ	4	
9								59			<u> </u>	<del> </del>	╂	
10								60				<del> </del>	╂	
11								61					╊	
12	·							62	·		· ·		t	
13				1				63					†	
14 15								64 .					t	
16								65					T	
17	<del></del>							66					1	
18								67					T	
19							."	68					I	
20		<del></del>					-	69 70					L	
21								71					L	
22			3 - 1 - 1					72					1	
23								73	·			<del></del>	L	
24								74					ŀ	
25					· ·			75	<del></del>				╀	
26								76				<del></del> -	╀	
27						·		77			<del>-,</del>		╊	
28								_ 78				· ·	┢	
29								79				<u> </u>	t	
30								80					r	
31								81		-			r	
32 33								82					Γ	
34			<del></del>					83						
35							ı	84			]		L	
36		<del></del>	<del></del>	<del>-   -  </del>	<del></del>		I	85	<b></b>				L	
37				-			l	86 87		[			L	
38			<del></del>		-		ŀ						L	
39			<del></del>	_	<del></del> -		1	88 89					L	
40							ŀ	90		<del> </del>			Ŀ	
41							ł	91					ŀ	
42								92					┝	
43							Ì	93				<del></del>	H	
44							f	94					⊢	
45							ľ	. 95					┢	
46							. [	96					┢	
47								97					_	
48							(	98						
49							Ĺ	99					F	
50			<del></del>				- 1	100						
ALIND.		#		4		*	1	TOTAL IND.		4				
AL DEP	·	4	26	<b>4</b>	···	<b>4</b> 2		OTAL DEP	٠.	4		<b>4</b>		
LAIMS		180	43	A14	·	1. 1.	Ĺ	TOTAL CLAIMS		3 to 1 to 1	N	A. 40		
PTO 12/0 /	REV. 11/04)		1						U	.S. DEPARTS	HENT of CO	MMERCEA	0	